



Rules of
Department of Social Services
Division 70—Division of Medical Services
Chapter 97—Health Insurance Premium Payment
(HIPP) Program

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**Title 13—DEPARTMENT OF
SOCIAL SERVICES**

**Division 70—Division of Medical
Services**

**Chapter 97—Health Insurance Premium
Payment (HIPP) Program**

**13 CSR 70-97.010 Health Insurance Pre-
mium Payment (HIPP) Program**

PURPOSE: This rule establishes guidelines for the health insurance premium payment program in accordance with section 1906 of the Social Security Act, P.L. 101-508 of November 5, 1990, as amended. The Department of Social Services, Division of Medical Services shall pay for the cost of enrolling an eligible Medicaid recipient in a group health insurance plan when the Division of Medical Services determines it is cost-effective to do so.

(1) Definitions. Group health insurance shall mean any plan of, or contributed to by, an employer (including a self-insured plan) to provide health care (directly or otherwise) to the employer's employees, former employees, or the families of the employees or former employees. A group health plan must meet section 5000(b)(1) of the *Internal Revenue Code* of 1986, as amended, and include continuation coverage pursuant to Title XXII of the Public Health Service Act, section 4980B of the *Internal Revenue Code* of 1986, or Title VI of the Employee Retirement Income Security Act of 1974, as amended. Participation in a health insurance plan that is not group health insurance as defined in this section is not a condition of Medicaid eligibility.

(2) Condition of Eligibility. An individual eligible for Medicaid, or a person acting on the recipient's behalf, shall cooperate in providing information necessary for the Division of Medical Services to establish availability and cost-effectiveness of group health insurance by completing the Application for Health Insurance Premium Payment (HIPP) Program, Form MO886-3179(6-94), included herein. As a condition of Medicaid eligibility, persons who are not enrolled in an available group insurance plan which the division has determined is cost-effective, and who are otherwise eligible for Medicaid, shall apply for enrollment in the plan.

(A) The Department of Social Services, Divisions of Medical Services shall pay all enrollee premiums and deductibles, coinsurance and other cost-sharing obligations for items and services otherwise covered under the Medicaid program. Payment of these items is considered as payment for medical

assistance; the group health insurance is the primary payor to Medicaid. Only coverage of services not provided under the group health plan, but to which the individual is entitled under the Medicaid program, shall be provided under Medicaid as wrap-around coverage.

(B) When an applicant, recipient, parent, guardian or caretaker fails to provide information necessary to determine availability and cost-effectiveness of group health insurance, Medicaid benefits of the applicant, recipient, parent, guardian or caretaker shall be denied unless good cause for failure to cooperate is established. If an applicant, recipient, parent, guardian or caretaker fails to enroll in a group health insurance plan that has been determined cost-effective, or disenrolls from a group health insurance plan the department has determined cost-effective Medicaid benefits of the applicant, recipient, parent, guardian or caretaker shall be terminated unless good cause for failure to cooperate is established. Good cause for failure to cooperate shall be established when the applicant, recipient, parent, guardian or caretaker demonstrates one (1) or more of the following conditions exist:

1. There was a serious illness or death of the applicant, recipient, parent, guardian or caretaker or a member of the applicant's, recipient's, parent's, guardian's or caretaker's family.

2. There was a family emergency or household disaster such as a fire, flood or tornado;

3. The applicant, recipient, parent, guardian or caretaker offers a good cause beyond the applicant's, recipient's, parent's, guardian's or caretaker's control; and

4. There was a failure to receive the department's request for information or notification for a reason not attributable to the applicant, recipient, parent, guardian or caretaker. Lack of a forwarding address is attributable to the applicant, recipient, parent, guardian or caretaker.

(C) Medicaid benefits of a child shall not be denied or terminated due to the failure of the parent, guardian or caretaker to cooperate. Additionally, the Medicaid benefits of the spouse of the employed person shall not be denied or terminated due to the employed person's failure to cooperate when the spouse cannot enroll in the plan independently of the employed person.

(3) Cost-effectiveness. Enrollment in a health insurance plan is considered cost-effective when the cost of paying the premiums, coinsurance, deductibles and other cost-sharing obligations, and additional administrative costs is

likely to be less than the amount paid for an equivalent set of Medicaid services. When determining the cost-effectiveness of the health insurance plan, the following data shall be considered:

(A) The cost of the insurance premium, coinsurance and deductible.

(B) The scope of services covered under the insurance plan, including exclusions for pre-existing conditions, exclusions to enrollment and lifetime maximum benefits imposed;

(C) The average anticipated Medicaid utilization, by age, sex, geographic location and coverage group, for persons covered under the insurance plan;

(D) The specific health-related circumstances of the persons covered under the insurance plan. The HIPP Medical History Questionnaire, Form MO886-3178(6-94) shall be used to obtain this information; and

(E) Annual administrative expenditures of an amount determined by the Division of Medical Services per Medicaid recipient covered under the health insurance policy.

(4) Coverage of Non-Medicaid-Eligible Family Members. When it is determined to be cost-effective, the department shall pay for health insurance premiums for non-Medicaid-eligible family members if a non-Medicaid-eligible family member must be enrolled in the health plan in order to obtain coverage for the Medicaid-eligible family members. However, the needs of the non-Medicaid-eligible family members shall not be taken into consideration when determining cost-effectiveness, and payments for deductibles, coinsurances or other cost-sharing obligations shall not be made on behalf of family members who are not Medicaid-eligible.

(5) Exceptions to Payment. Premiums shall not be paid for health insurance plans under any of the following circumstances:

(A) The insurance plan is designed to provide coverage only for a temporary period of time (for example, thirty to one hundred eighty (30-180) days);

(B) The insurance plan is a school plan offered on the basis of attendance or enrollment at the school;

(C) The premium is used to meet a spend-down obligation when all persons in the household are eligible or potentially eligible only under the spenddown program. When some of the household members are eligible for full Medicaid benefits, the premium shall be paid if it is determined to be cost-effective when considering only the persons receiving full Medicaid coverage. In those cases, the premium shall not be allowed as a deduction



to meet the spenddown obligation for those persons in the household participating in the spenddown program. As long as the health insurance premium is not used as a deduction to income when determining client participation in the Medicaid program, then spenddown coverage shall not exclude a Medicaid eligible individual from participating in the HIPP program;

(D) The insurance plan is an indemnity policy which supplements the policyholder's income or pays only a predetermined amount for services covered under the policy (for example, fifty dollars (\$50) per day for hospital services instead of eighty percent (80%) of the charge); or

(E) The persons covered under the plan are not Medicaid-eligible on the date the decision regarding eligibility for the HIPP program is made.

(6) Duplicate Policies. When more than one (1) health insurance plan or policy is available, the Department of Social Services, Division of Medical Services shall pay only for the most cost-effective plan. However, in situations where the department is buying-in to the cost of Medicare Part A or Part B for eligible Medicare beneficiaries, the cost of premiums for a Medicare supplemental insurance policy may also be paid if the department determines it is likely to be cost-effective to do so.

(7) Discontinuance of Premium Payments. When all Medicaid-eligible members covered under the health insurance plan lose Medicaid eligibility, premium payments shall be discontinued as of the month of Medicaid ineligibility. When only some of the Medicaid-eligible members covered under the health insurance plan lose Medicaid eligibility, a review shall be completed in order to ascertain whether payment of the health insurance premium continues to be cost-effective.

(8) Effective Date of Premium Payment. The effective date of premium payments for cost-effective health insurance plans shall be determined as follows:

(A) Premium payments for cost-effective health insurance plans shall begin with the month the HIPP program application is received by the department, or the effective date of eligibility, whichever is later. If the person is not currently enrolled in the cost-effective health insurance plan, premium payments shall begin in the month in which the first premium payment is due after enrollment occurs; and

(B) In no case shall payments be made for premiums which are used as a deduction to

income when determining client participation in the Medicaid program.

(9) Method of Premium Payment. Payments of health insurance premiums will be made directly to the insurance carrier except as follows:

(A) The department may arrange for payment to the employer to circumvent a payroll deduction;

(B) When the employer will not agree to accept premium payments from the department in lieu of a payroll deduction to the employee's wages, the department shall reimburse the policyholder directly for payroll deductions or for payments made directly to the employer for the payment of health insurance premiums;

(C) When premium payments occur through an automatic withdrawal from a bank account by the insurance carrier, the department may reimburse the policyholder for said withdrawals; and

(D) When the department is otherwise unable to make direct premium payments because the health insurance is offered through a contract that covers a group of persons identified as individuals by reference to their relationship to the entity, the department shall reimburse the policyholder for premium payments made to the entity.

(10) Reviews of Cost-Effectiveness. Reviews of cost-effectiveness will be completed at least every six (6) months for employer-related group health plans and annually for nonemployer-related group health plans. Additionally, redeterminations shall be completed whenever a predetermined premium rate, deductible, or coinsurance increases, some of the persons covered under the policy lose full Medicaid eligibility, loss of employment when the insurance is through an employer, or there is a decrease in the services covered under the policy. Recipients shall report all changes concerning health insurance coverage to the local Division of Family Service's office within ten (10) days of the change.

(11) Notices.

(A) Notice shall be provided to the household under the following circumstances:

1. To inform the household of the initial decision on cost-effectiveness and premium payment (Form MO886-3180(6-94) or Form MO886-3181(6-94));

2. To inform the household that premium payments are being discontinued because Medicaid eligibility has been lost by all persons covered under the policy (Form MO886-3182(6-94)); or

3. The policy is no longer available to the family (for example, the employer drops insurance coverage or the policy is terminated by the insurance company, Form MO886-3182(6-94)).

(B) A timely notice shall be provided to the household informing them of a decision to discontinue payment of the health insurance premium because the department has determined the policy is not longer cost-effective (Form MO886-3182(6-94)).

(C) Notice of appeal and hearing rights are as provided for in 208.080, RSMo.

(12) Premium or Rate Refunds. The department shall be entitled to any premium refund due to overpayment of premium or payment of an inactive policy for any time period for which the department paid the premium. The department shall be entitled to any rate refund made when the health insurance carrier determines a return of premiums to the policyholder is due, because of lower than anticipated claims, for any time period for which the department paid the premium.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF MEDICAL SERVICES
HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM
MEDICAL HISTORY QUESTIONNAIRE

Notice Date: _____
 Case Number: _____

HIPP Worker: _____
 Phone Number: _____

In order for the Department of Social Services, Division of Medical Services to determine whether payment of your health insurance premium is cost effective, please provide the following information and return this form in the enclosed self-addressed, postage-paid envelope by _____. The Department will maintain the confidentiality of all medical information provided on this form. This information will only be used to determine eligibility for the HIPP Program.

- How many prescriptions are filled each month for persons covered under the insurance policy? _____
 Average Monthly Cost \$ _____
- Does anyone covered under the insurance policy have any of the following conditions which require medical care? Check all conditions that apply and if yes is checked, list the name of the person with this condition and how often medical care is needed to treat the condition.

Condition	If yes, list name of person with this condition	How often is medical care required?
Diabetes <input type="checkbox"/> YES <input type="checkbox"/> NO		
Blood Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO		
Cancer <input type="checkbox"/> YES <input type="checkbox"/> NO		
Mental Illness or Mental Retardation <input type="checkbox"/> YES <input type="checkbox"/> NO		
Pregnancy <input type="checkbox"/> YES <input type="checkbox"/> NO		
Heart Condition <input type="checkbox"/> YES <input type="checkbox"/> NO		
Asthma or other Respiratory Ailment <input type="checkbox"/> YES <input type="checkbox"/> NO		
Scoliosis or Back Injury <input type="checkbox"/> YES <input type="checkbox"/> NO		
Stroke or Head Injury <input type="checkbox"/> YES <input type="checkbox"/> NO		
Organ Transplant <input type="checkbox"/> YES <input type="checkbox"/> NO		
Seizure Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO		
Kidney or Liver Disorder <input type="checkbox"/> YES <input type="checkbox"/> NO		
Alcoholism/Drug Addiction <input type="checkbox"/> YES <input type="checkbox"/> NO		
HIV Positive/AIDS <input type="checkbox"/> YES <input type="checkbox"/> NO		
Other Disease/Condition (list) <input type="checkbox"/> YES <input type="checkbox"/> NO		

- Are any of the persons covered under the insurance policy periodically institutionalized or currently living in an institution (mental health institution, nursing home, hospital, etc.)? YES NO
 If yes, list the name of the person and the reason they are institutionalized _____
- Is medical care of any of the conditions checked "Yes" above excluded from coverage under the health insurance plan as a pre-existing condition? YES NO
 If yes, list conditions not covered _____

Any questions or concerns you may have regarding this form should be referred to the HIPP worker listed above.

MO886-3178 (6-94)



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
APPLICATION FOR HEALTH INSURANCE PREMIUM PAYMENT (HIPP) PROGRAM

NAME:
ADDRESS:
CITY:
STATE ZIP

SOCIAL SECURITY #
DATE OF BIRTH:
MEDICAID ID#:
TELEPHONE #

1. DO YOU HAVE INSURANCE AVAILABLE THROUGH AN EMPLOYER OR FORMER EMPLOYER? YES NO
If YES, complete the rest of the form. If NO, you must complete question 8 and sign and date the form at the bottom of the page.

2. COMPLETE THE FOLLOWING ABOUT YOUR INSURANCE POLICY OR ABOUT AN INSURANCE POLICY THAT IS AVAILABLE.

INSURANCE NAME
INS ADDRESS:
INS CITY, STATE, ZIP
INS PHONE #

POLICYHOLDER NAME
POLICYHOLDER SSN:
POLICY NUMBER:
POLICY GROUP NUMBER:

3. LIST ALL PERSONS THAT CAN BE COVERED UNDER THE POLICY.

Table with 4 columns: NAME, BIRTH DATE, MEDICAID ELIGIBLE, MEDICAID ID# OR SSN. Includes checkboxes for YES/NO.

4. Are you currently enrolled in this policy? YES NO Are your dependents currently enrolled? YES NO

5. How much is your share of the premiums? \$

6. How often are the premiums paid?

7. Is this policy through an employer or former employer? YES NO

8. List employer or former employer's name, address and telephone number:

EMPLOYER NAME EMPLOYER TELEPHONE #
EMPLOYER ADDRESS CITY STATE ZIP

IMPORTANT

YOU MUST PROVIDE A COPY OF THE INSURANCE POLICY BOOKLET, SUMMARY PLAN DESCRIPTION, EMPLOYEE HANDBOOK, ENROLLMENT MATERIALS, SCHEDULE OF BENEFITS OR SUMMARY OF COVERAGE THAT DESCRIBES THE POLICY. ELIGIBILITY FOR THE HIPP PROGRAM CANNOT BE ESTABLISHED WITHOUT THIS INFORMATION.

My signature below guarantees that my answers on this form are correct, true and complete to the best of my knowledge. I authorize insurers or employers to release any information on myself or my dependent(s) needed to determine eligibility for the HIPP program.

SIGNATURE DATE



INSTRUCTIONS FOR COMPLETING THE APPLICATION

The Health Insurance Premium Payment (HIPP) Program pays for the cost of health insurance plans when the Department of Social Services decides it would cost less to buy health insurance to cover medical care than to pay for the care only with Medicaid funds. To be eligible for the Health Insurance Premium Payment (HIPP) program, some or all of the persons covered under an insurance policy must be eligible for Medicaid.

Please complete the application and give it to your local Division of Family Service's caseworker.

WHO MUST APPLY?

You must apply to the HIPP program if all of the following are true:

- You or a member of your household is applying for Medicaid or are Medicaid-eligible.
- You or a member of your household is employed or lost employment within the last thirty days, and
- The employer or former employer offers group health insurance coverage.

If the Department of Social Services decides the health insurance plan is cost-effective, you must participate in the HIPP Program.

Applicants', recipients', parents', guardians' or caretakers' Medicaid benefits will be denied or cancelled if the applicant, recipient, parent, guardian or caretaker does not provide information necessary to establish cost effectiveness or does not enroll in a health insurance plan that the Department determines is cost effective.

WHO CAN CHOOSE TO APPLY?

You can choose to apply to the HIPP program if you or a member of your household is applying for Medicaid or are Medicaid-eligible and have health insurance available from sources other than employers (personal policies, credit unions, church affiliations, memberships in organizations, etc.) If the Department determines the health insurance plan is cost effective, Medicaid will pay the premium.

Enter your name, address, social security number, date of birth, Medicaid identification number (DCN) and telephone number in the spaces provided at the top of the form. If you do not have a telephone, list a number where you can be reached or a message left.

- Question 1.** If your employer or former employer (lost employment within the past thirty days) offers group health insurance, check the yes box and complete the rest of the form. If your employer or former employer does not offer group health insurance, check the no box and list the name, address, and phone number of the employer or former employer under question 8. Sign and date the application form at the bottom.
- Question 2.** List the name, address and phone number of the insurance company, the name of the policyholder, the policyholder's social security number, the policy number and the policy group number in the spaces provided for any insurance you currently have or any insurance offered by your employer or some other source.
- Question 3.** List the name and birthdate of everyone in your family who can be covered under this policy. Check each box (Yes or No) to indicate whether the person is currently on Medicaid. If a box is marked yes, write the person's Medicaid identification number (DCN) listed on their Medicaid card. If they have applied for Medicaid and do not know if they're eligible yet, write the word "APPLIED" in this section and put their social security number in the blank.
- Question 4.** Indicate whether you are now covered by this insurance policy. Indicate whether your spouse or children are now covered by this policy.
- Question 5.** List how much the premium costs each time a payment is due. If the insurance is through an employer and the employer pays for part of the cost, list only your share of the cost.
- Question 6.** List how often a premium payment is due. For example: weekly (once a week), biweekly (every two weeks), monthly (once a month), semimonthly (twice a month), quarterly (every three months) or annually (once a year).
- Question 7.** If this policy is through an employer, check yes.
- Question 8.** **THIS INFORMATION MUST BE COMPLETED BY ALL APPLICANTS.** List your employer or former employer's name, address and phone number.
- Signature:** Sign and date the application form at the bottom.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES

APPROVAL NOTICE OF HEALTH INSURANCE PREMIUM PAYMENT

Notice Date:
Case Number:
County Number:
Co Worker Name:

HIPP Worker:
Phone Number:

You have been approved to take part in the Health Insurance Premium Payment (HIPP) program. The Department of Social Services has determined that paying your health insurance premiums is cost effective. Cost effective means that paying your health insurance premiums will cost the Department less than paying for your medical care with Medicaid funds. **PAYMENT OF YOUR PREMIUMS WILL CONTINUE AS LONG AS THE POLICY REMAINS COST-EFFECTIVE AND AS LONG AS THE PERSONS BELOW REMAIN ELIGIBLE FOR MEDICAID.** Your case will be re-examined either every six months or every year for cost-effectiveness. Additionally, your case will be re-examined if the premium amount changes, some of the persons covered under the policy lose full Medicaid eligibility, or the policy changes. The decision to pay premiums is based upon a review of the policy, the premium rates, the average medical care costs and the individual health related conditions of the Medicaid-eligible persons covered under the policy. Any questions or concerns you may have about this action should be referred to the HIPP worker listed above.

PAYMENT INFORMATION

Effective Date of Premium Payment:

Amount of Premium:

Premiums will be paid in the following manner:

NAME AND ADDRESS OF INSURANCE CARRIER

Policyholder:

Policy No.:

MEDICAID RECIPIENTS COVERED UNDER THIS POLICY

Name	Birth Date	Medicaid ID Number (DCN)

PLEASE READ IMPORTANT NOTICE ON ENCLOSED SHEET

Copy to: Policyholder/Casehead Local office
MO886-3180 (6-94)

**IMPORTANT NOTICE**

Please read the following information about taking part in the HIPP program. Questions should be referred to the HIPP worker listed on the approval notice enclosed.

Medicaid (Title 19) Eligibility

To be eligible for the HIPP program, some or all of the persons covered under the insurance policy must be eligible for Medicaid. If all of the persons covered under the policy lose Medicaid eligibility, HIPP payments will stop as of the date eligibility ends. If some of the persons covered under the policy lose Medicaid eligibility, the Department of Social Services will re-examine the policy to see if it is still cost effective to pay the premiums.

Reporting Changes

Report all changes concerning your health insurance coverage to your local Division of Family Service's office within ten days of the change (13 CSR 70-97.010). Changes that should be reported include, but are not limited to the following:

- A change in the amount of the premium
- A change in the amount of the deductible.
- A change in the benefits or services covered by the policy.
- Loss of employment when the insurance is through an employer.
- A change in the number of persons in your household (e.g. birth of a baby, the policyholder leaves the household, etc.)

If You Lose Your Job or Your Hours of Employment are Reduced

If you are enrolled in a group health plan through your employer and you lose your job or you are working fewer hours, health insurance may still be available through your employer. If it is cost effective, the HIPP program will continue to pay for the insurance coverage.

Under the Consolidated Omnibus Budget Reconciliation Act of 1985 (often referred to as COBRA), some employers must continue to make health insurance available for a limited time to persons after employment ends or hour of work are reduced (such as going from full-time to part-time). However, the employer may no longer share in the cost of the premiums. If you are eligible for insurance coverage under the COBRA provisions, your employer must give you a written notice informing you of your right to continue the coverage. **DO NOT SIGN THE FORM SAYING YOU DON'T WANT COBRA COVERAGE UNTIL WE CAN DETERMINE WHETHER THE POLICY IS COST EFFECTIVE.**

IF YOU VOLUNTARILY DROP HEALTH INSURANCE COVERAGE THAT THE DEPARTMENT HAS DETERMINED TO BE COST EFFECTIVE, YOUR MEDICAID BENEFITS MAY BE CANCELLED (13 CSR 70-97.010)



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
DENIAL OF HEALTH INSURANCE PREMIUM PAYMENT

Notice Date:
Case Number:
County Number:
Co Worker Name:

HIPP Worker:
Phone Number:

The Department of Social Services, Division of Medical Services has made the decision that you are not eligible for the Health Insurance Premium Payment (HIPP) program. The decision is based upon a review of the policy, premium rates, average medical care costs and the individual health-related conditions of the Medicaid-eligible persons covered under the policy. The reason for denying eligibility for the HIPP program is:

Comments:

Any questions or concerns regarding this action should be referred to the HIPP worker listed above.

SEE ENCLOSED SHEET FOR YOUR APPEAL RIGHTS

COPY TO: Casehead Local Office

MO886-3181 (6-94)



RIGHT TO APPEAL

If you are dissatisfied with any action or failure to act with regard to your Medicaid assistance, you have the right to appeal. Your rights and procedures for hearing are explained in the Missouri Division of Family Service's pamphlet "Important Information About your Hearing Rights" (IM-4).

Before you request a hearing, request a conference with the HIPP worker and his/her supervisor to discuss the proposed action. If you still disagree with the decision, request a hearing.....

- The hearing is held locally either by speaker-telephone or in-person without cost to you and the atmosphere is informal.
- You may represent yourself or have a friend or relative do so.
- You will not need a lawyer, but may have legal representation if you desire it. If you do not have an attorney or cannot afford one, and live in an area served by legal aid or legal services office, you may be eligible for these services.

FOLLOW THESE STEPS:

- **REQUEST A HEARING**
- **PREPARE FOR THE HEARING BY GATHERING INFORMATION ABOUT YOUR CASE**
- **ATTEND THE HEARING**

Detailed instructions and information can be found in Missouri Division of Family Service's pamphlet "Important Information About Your Hearing Rights" (IM-4).



Based on the code entered, various messages for denial will appear. The "Comments" section is free form to enter anything.

REASONS FOR DENIAL

- ① Department payment of your health insurance premiums would not be cost effective at this time. (Regulation 13 CSR 70-97.010)
- ② You or a member of your household are not currently eligible for Medicaid. Therefore, you are not eligible to participate in the HIPP program. If you believe you are eligible for Medicaid, please contact your worker in the local Division of Family Service's office about any eligibility questions. (Regulation 13 CSR 70-97.010)
- ③ Payment of your health insurance premium cannot be made because your premium is used as a deduction in meeting your spenddown obligation. (Regulation 13 CSR 70-97.010)
- ④ Payment of your health insurance premium cannot be made because your insurance plan is no longer available or your policy is discontinued. PLEASE NOTIFY US WITHIN TEN DAYS IF YOU HAVE ANOTHER HEALTH INSURANCE PLAN AVAILABLE. (Regulation 13 CSR 70-97.010)
- ⑤ Payment of your health insurance premium cannot be made because the plan is a school plan offered on basis of attendance or enrollment at the school. School plans are not eligible for payment by the HIPP program. PLEASE NOTIFY US WITHIN TEN DAYS IF YOU HAVE ANOTHER HEALTH INSURANCE PLAN AVAILABLE. (Regulation 13 CSR 70-97.010)
- ⑥ Payment of your health insurance premium cannot be made because the plan is an indemnity policy. An indemnity policy just supplements the policyholder's income (e.g. pays \$50/day to the policyholder and not the caregiver for every day in the hospital) instead of paying for actual health care costs. Indemnity policies are not eligible for payment by the HIPP program. PLEASE NOTIFY US WITHIN TEN DAYS IF YOU HAVE ANOTHER HEALTH INSURANCE PLAN AVAILABLE. (Regulation 13 CSR 70-97.010)
- ⑦ Department payment of your health insurance premium cannot be made because of your failure to provide necessary information requested. (Regulation 13 CSR 70-97.010)
- ⑧ Other



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
CANCELLATION OF HEALTH INSURANCE PREMIUM PAYMENT

Notice Date:
Case Number:
County Number:
Co Worker Name:

HIPP Worker:
Phone Number:

The Department of Social Services, Division of Medical Services has made the decisions to cancel payment of your health insurance premiums through the Health Insurance Premium Payment (HIPP) program. The decision is based upon a review or re-examination of your HIPP case. The reason for the cancellation is:

Comments:

Any questions or concerns regarding this action should be referred to the HIPP worker listed above.

SEE ENCLOSED SHEET FOR YOUR APPEAL RIGHTS

COPY TO: Policyholder/Casehead Local office

MO886-3182 (6-94)



RIGHT TO APPEAL

If you are dissatisfied with any action or failure to act with regard to your Medicaid assistance, you have the right to appeal. Your rights and procedures for hearing are explained in the Missouri Division of Family Service's pamphlet "Important Information About your Hearing Rights" (IM-4).

Before you request a hearing, request a conference with the HIPP worker and his/her supervisor to discuss the proposed action. If you still disagree with the decision, request a hearing.....

- The hearing is held locally either by speaker-telephone or in-person without cost to you and the atmosphere is informal.
- You may represent yourself or have a friend or relative do so.
- You will not need a lawyer, but may have legal representation if you desire it. If you do not have an attorney or cannot afford one, and live in an area served by legal aid or legal services office, you may be eligible for these services.

FOLLOW THESE STEPS:

- **REQUEST A HEARING**
- **PREPARE FOR THE HEARING BY GATHERING INFORMATION ABOUT YOUR CASE**
- **ATTEND THE HEARING**

Detailed instructions and information can be found in Missouri Division of Family Service's pamphlet "Important Information About Your Hearing Rights" (IM-4).



Based on the code entered, various messages for cancellation will appear. The "Comments" section is free form to enter anything.

REASONS FOR CANCELLATION

- ① Department payment of your health insurance premium is no longer cost effective. Therefore, we will stop paying your premiums effective _____. Your Medicaid eligibility and benefits are not affected by this determination. Please contact your insurance carrier immediately if you wish to continue your insurance coverage by making the payments yourself. (Regulation 13 CSR 70-97.010)
- ② You are no longer eligible for Medicaid. Therefore, we will stop paying your premiums _____. Please contact your insurance carrier immediately if you wish to continue your insurance coverage by making the payments yourself. (Regulation 13 CSR 70-97.010)
- ③ Payment of your health insurance premium cannot be made because your premium is used as a deduction in meeting your spenddown obligation. Therefore, we will stop paying your premiums effective _____. Please contact your insurance carrier immediately if you wish to continue your insurance coverage by making the payments yourself. (Regulation 13 CSR 70-97.010)
- ④ Your insurance plan is no longer available or your policy is discontinued. Therefore, we will stop paying your premiums effective _____. PLEASE NOTIFY US WITHIN TEN DAYS IF YOU HAVE ANOTHER HEALTH INSURANCE PLAN AVAILABLE. (Regulation 13 CSR 70-97.010)
- ⑤ Other



AUTHORITY: sections 208.153 and 208.201, RSMo 2000. Original rule filed June 30, 1994, effective Jan. 29, 1995. Amended: Filed June 1, 2005, effective Nov. 30, 2005.*

**Original authority: 208.153, RSMo 1967, amended 1973, 1989, 1990, 1991 and 208.201, RSMo 1987.*